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**APPLICANTS**

James W. Landes, East Peoria, IL;  
 Mark E. Rettig, Decatur, IL;

\*\* CONTINUING DATA \*\*\*\*\* **NONE** **JMH**

\*\* FOREIGN APPLICATIONS \*\*\*\*\* **NONE** **JMH**

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 01/17/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	IL	5	43	7
Verified and Acknowledged	 Examiner's Signature	Initials <b>JMH</b>			

**ADDRESS**

719

**TITLE**

Method and apparatus for parasitic load compensation

<b>FILING FEE RECEIVED</b> 1490	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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